## AMENDMENT TO CHANGE ADDRESS



(Fill in year.)

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics,

(#00) 84: • Initial re lobbyist	nat Dr., 3" Fixor, Haron K 2-6630. egistrations must be subm t or (2) first action requiri ber 31 unless a renewal is	itted within 5 days ong registration. Reg	of (1) employment patrations expire a	s of	3071	نو <b>1</b>
I, NAME_	Barrett	Grave	John John	Ģ.	3	
2. BUSINE	SS PHONE 512	257-01	52	2000		į
		Area Code and Phone		10	•	
3. FAX NU	MBER 512-2	57-071	B}			
4. BUSIN	ESS ADDRESS_ 10		y Flower reat and No.	Dr Avs	th TX State	76750 Zip
MASLIN	NG ADDRESS 54	une as	cubov rect and No.	<u>e</u> City	State	Zip
5. EMPLO	WER Bayer 1	tealth c	iar <u>e</u>			
6. EMPLO	YER'S ADDRESS	same a	s ong	inal	Zip	
уон гер	ELOW (a) Names of person resent; (c) the type of busin some else pays you to lobby	na, groupa, or organiza	ations which you rep	resent; (b) the address	of each such purson, gro	
1. Na	some	as or	iginal		CLINA	
Ac	ddrese		**			
В	usiness or purpose					

Does this person pay you?\_\_\_\_\_

If No, who pays you?

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FOR OFFICE USE ONLY

Postmark Date: 3/24/08

## EXECUTIVE LOBBYING REGISTRATION FORM



2. Name Same.	
Address	20 <del>10 (8</del> 83 <del>(6</del> )
Виніпськ от ригроме	n <u></u>
Does this person pay you?	
if No, who pays you?	<del></del>
3. Name Same	######################################
Address	33 <del>1</del> 32
Business or purpose	
Does this person pay you?	
If No, who pays you?	99 <del>3 N</del> A 12
4 Name Same	<u> </u>
Address	
Business or purpose	10.00 E
Does this person pay you?	
If No, who pays you?	

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained berein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately umitted.

Signature of Lobbyist

ATTACH 2" x 2" PHOTOGRAPH HERE